POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	3/4		08+14-01
O.I.P.E. CLASSIFIER	19~	30	12/20
FORMALITY REVIEW	111	917	08-18 W
RESPONSE FORMALITY REVIEW			10-0

INDEX OF CLAIMS

v	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

, †	Restricted	0	Objected
Claim Date	Claim	Date	Claim Date
Final Original Co. 1 (1)	Final Original	7	Final Original
3 4	51 <u>5</u> <u>52</u> <u>6</u> <u>53</u> <u>53</u> <u>54</u>		101 9 102 1 103 1
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39 40 41 41 42 42 42 42 42 42 42 42 42 42 42 42 42	90 91 92		139 140 141
42 43 44 45 46	93 94 95 95 95 95 95 95 95 95 95 95 95 95 95		142 143 144 145
48	96 97 98 98		146 147 148 149
50	100		150



If more than 150 claims or 10 actions staple additional sheet here

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